

**NEW YORK STATE DEPARTMENT OF HEALTH
HEALTH CARE REFORM ACT – PUBLIC GOODS POOL
ATTACHMENT 2.4
ELECTION FORM for THIRD PARTY ADMINISTRATORS or
ADMINISTRATIVE SERVICES ONLY ORGANIZATIONS**

If an entity is acting as a third-party administrator (TPA)/administrative services only (ASO) organization, indicate whether you represent both electing and non-electing direct payor clients, and separately identify those direct payor clients you represent and for whom payment will be made directly to the Department's Office of Pool Administration by listing each organization below. For each organization listed, include a separate Election Form (Attachment #2), Product Line Identifier Information Form (Attachment #2.1), a Report of Number of Covered Lives (Attachment #2.2), and, if applicable, a Summary of Apportionment Arrangements (Attachment #2.3).

TPA Name: _____ **TPA Federal ID #:** _____

Contact Person: _____ **Phone #:** _____

Check the appropriate box below (check only one):

- ☐ **As a TPA/ASO, I/we represent both electing direct payor clients (listed below) and non-electing direct payor clients and have indicated the identification system which will be used to distinguish between electing and non-electing clients (see page 2).**
- ☐ **As a TPA/ASO, I/we represent only electing direct payor clients (listed below).**

Effective Date: _____

1. List **only** those organizations you represent that elect to make direct payments to the Department's Office of Pool Administration. **List the legal name for all organizations alphabetically including the federal ID # for each organization.** Attach additional sheets if necessary.

ORGANIZATION NAME (Legal Name)	ORGANIZATION FEDERAL ID #
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ATTACHMENT 2.4 - Cont'd

TPA Name: _____ TPA Federal ID #: _____

Contact Person: _____ Phone #: _____

2. If you represent both electing and non-electing organizations, indicate which of the following acceptable identification systems you will use to determine such patients covered by direct pay entities vs. non-direct pay entities when presenting themselves to providers for patient services or laboratory sampling.

Check the identification system used (check all that apply):

☐ **Card System**

I, as a TPA, have both the client name and our name listed on all insurance/plan participant identification cards, which are issued by our organizations. A copy of both the front and the back of the insurance card is attached.

☐ **Identifier System**

I, as a TPA, agree to place on the **non-electing insurance/plan participant identification cards only** an identifier (i.e., a sticker with NY Non-electing) or have NY Non-electing imprinted on the non-electing insurance/plan participant identification cards. A copy of both the front and back of the identification card is attached.